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ELITE FENCING COACHING

PRIVATE COACHING RESOURCE SERIES

Common Fencing Injuries

& Prevention

The injuries fencers get most often, why they happen, how to prevent them, and when to push through versus when to stop — so your fencing career is measured in decades, not semesters.

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A Note from Coach Derek

Fencing is one of the safer competitive sports. The equipment is well-designed, the rules include safety provisions, and the physical demands, while significant, are lower-impact than most contact sports. But fencing is not injury-free.

The repetitive, asymmetric nature of fencing creates predictable injury patterns. The same muscles, tendons, and joints get loaded thousands of times in the same way, and over months and years, that repetition causes wear. The good news is that most fencing injuries are preventable with the right training habits, flexibility work, and awareness.

This guide is not medical advice. It's a coach's perspective on the injuries I see most often, what causes them, and what you can do to reduce your risk. If you're injured, see a doctor. This guide is about keeping you out of the doctor's office in the first place.

— Coach Derek

Why Fencers Get Injured

Asymmetry

Fencing develops one side of the body far more than the other. Your weapon arm is stronger and tighter than your non-weapon arm. Your front leg absorbs the impact of every lunge. Your back leg provides the push for every advance and attack. Over time, this asymmetry creates muscle imbalances that stress joints, tendons, and ligaments in predictable ways.

Repetition

A competitive fencer executes hundreds of lunges, advances, and retreats in a single practice session. Over a season, that's tens of thousands of repetitions of the same movements. Overuse injuries — where the tissue breaks down faster than it can repair — are the most common category of fencing injuries.

Inadequate Preparation

Fencers who skip the warm-up, neglect flexibility training, and don't do supplemental conditioning are significantly more likely to get injured. The warm-up prepares tissues for load. Flexibility maintains range of motion. Conditioning builds the strength to absorb repetitive forces. Without all three, the body is vulnerable.

> **KEY CONCEPT:** Most fencing injuries are overuse injuries, not acute injuries. They develop gradually over weeks and months, not suddenly in one moment. This means they're preventable — and it also means that the early warning signs (mild pain, stiffness, reduced range of motion) should not be ignored.

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The Most Common Fencing Injuries

1. Achilles Tendinitis / Tendinopathy

What it is: Inflammation or degeneration of the Achilles tendon, which connects the calf muscles to the heel bone. The most common overuse injury in fencing.

Why fencers get it: Every advance, retreat, and lunge loads the Achilles tendon. The explosive push-off from the back foot during the lunge places enormous stress on the tendon. Tight calf muscles increase the load. The repetitive nature of footwork — thousands of push-offs per week — gradually breaks down the tendon faster than it can repair.

Warning signs: Stiffness in the back of the ankle, especially in the morning or at the start of practice. Pain at the back of the heel during or after fencing. A tender spot on the tendon itself (2–4 inches above the heel). Pain that goes away during warm-up but returns after practice.

Prevention: Consistent calf and Achilles stretching (stretches 5 and 6 from the Flexibility Guide, doc 29). Eccentric calf raises (standing on the edge of a step, slowly lowering the heel below the step, then raising back up — 3 sets of 15, daily). Proper warm-up before every practice and competition. Gradual increase in training volume, especially after breaks.

When to stop: If the pain is present during fencing (not just before or after), stop and see a sports medicine professional. Continuing to fence on an inflamed Achilles tendon risks a partial or complete rupture, which is a season-ending or career-altering injury.

2. Knee Pain (Patellofemoral Syndrome)

What it is: Pain around or behind the kneecap, caused by the kneecap tracking improperly in its groove. The most common knee complaint in fencing.

Why fencers get it: The en garde position keeps the front knee deeply bent for extended periods. The lunge drives the front knee forward under heavy load. Weak quadriceps (especially the inner quad, the VMO) or tight IT bands cause the kneecap to track poorly, creating friction and pain.

Warning signs: Aching behind or around the kneecap during or after fencing. Pain when going up or down stairs. Pain when sitting for long periods with the knee bent (the "movie theater sign"). Grinding or clicking sensations in the knee.

Prevention: Quadriceps strengthening, especially the VMO (wall sits, single-leg squats, terminal knee extensions). IT band flexibility (stretches and foam rolling). Proper lunge mechanics — the front knee should track over the second toe, not collapse inward. Avoid excessive depth in the en garde position during early training.

When to stop: If knee pain is present during every practice and is getting worse rather than better, see a sports medicine professional. Patellofemoral syndrome is highly treatable with physical therapy, but ignoring it allows it to become chronic.

3. Hip Flexor Strain

What it is: Strain or tightness of the hip flexor muscles (primarily the iliopsoas and rectus femoris), which lift the knee and flex the hip.

Why fencers get it: The en garde position loads the hip flexors asymmetrically. The back leg's hip flexor is stretched during the lunge while under load. Tight hip flexors from prolonged sitting (school, car rides) are then loaded explosively in fencing. The combination of chronic tightness and explosive use creates the strain.

Warning signs: Pain or tightness in the front of the hip, especially during lunging or high-knee movements. Difficulty fully extending the back leg during the lunge. Pain that worsens during practice and eases with rest.

Prevention: Daily hip flexor stretching (stretches 1 and 2 from the Flexibility Guide). Core strengthening (a strong core reduces the load on the hip flexors). Standing breaks during long periods of sitting. Gradual warm-up before explosive lunging.

When to stop: A sharp, sudden pain in the hip flexor during a lunge is a potential muscle tear. Stop immediately and see a doctor. Dull, chronic tightness can often be managed with stretching and modified training, but if it persists beyond 2–3 weeks, get it evaluated.

4. Shoulder Impingement

What it is: Compression of the rotator cuff tendons and bursa in the shoulder joint, causing pain during overhead or reaching movements.

Why fencers get it: The weapon arm performs thousands of extensions, parries, and blade manipulations per week. The forward-reaching position of fencing, combined with the repetitive nature of the arm extension, creates tightness in the front of the shoulder and weakness in the back. This imbalance causes the rotator cuff to become impinged during overhead or forward-reaching movements.

Warning signs: Pain in the front or top of the shoulder during arm extension. Pain when reaching overhead. A dull ache in the shoulder after practice. Weakness when lifting the arm to the side.

Prevention: Rotator cuff strengthening exercises (external rotation with a resistance band, 3 sets of 15, 3 times per week). Shoulder stretching (stretches 13 and 14 from the Flexibility Guide). Posture awareness — avoid the rounded-shoulder posture that fencing encourages. Strengthen the upper back (rows, reverse flys) to balance the forward-dominant shoulder position.

When to stop: If shoulder pain is present during every extension and is limiting your ability to fence, see a sports medicine professional. Shoulder impingement responds well to physical therapy but can worsen significantly if ignored.

5. Ankle Sprains

What it is: Stretching or tearing of the ligaments around the ankle joint, usually from rolling the ankle during footwork.

Why fencers get it: Fencing footwork involves rapid direction changes, lateral movements, and explosive lunges on a narrow strip. An uneven landing, a misstep during a retreat, or a collision with the opponent can cause the ankle to roll. Fencing shoes are designed for grip and flexibility, not ankle support, which increases the risk.

Warning signs: Ankle sprains are acute (sudden) injuries, not overuse injuries. The warning sign is the event itself: a popping or snapping sensation, immediate pain, and swelling.

Prevention: Ankle strengthening exercises (single-leg balance, calf raises, resistance band ankle rotations). Ankle flexibility (ankle circles in the warm-up). Proper footwork technique — landing on balanced, flat feet rather than on the edges. Awareness of strip conditions (wet floors, tape edges, uneven surfaces).

When to stop: Immediately. If you roll your ankle, stop fencing. Apply ice, compress, and elevate. Mild sprains may recover in 1–2 weeks. Moderate to severe sprains may require 4–8 weeks and physical therapy. Don't rush back — an ankle that's not fully healed is highly likely to sprain again.

6. Blisters

What they are: Fluid-filled pockets on the skin caused by friction, usually on the feet or the weapon hand.

Why fencers get them: New shoes, sweaty socks, loose-fitting gloves, or increased training volume. Blisters are minor but can significantly affect performance if they're on the bottom of the foot (every step hurts) or on the fingers (every grip hurts).

Prevention: Well-fitting fencing shoes broken in gradually. Moisture-wicking socks. A well-fitting glove. Moleskin or blister tape on known hot spots before they develop into blisters. Keep skin dry with foot powder during long tournament days.

Management: Small blisters can be covered with moleskin or blister bandages and fenced through. Large or painful blisters should be drained with a sterilized needle, treated with antiseptic, and covered. Don't remove the skin over the blister — it serves as a natural bandage.

7. Lower Back Pain

What it is: Pain in the lumbar spine, often caused by muscle imbalance, poor posture, or repetitive rotational stress.

Why fencers get it: The en garde position can stress the lower back, especially if core strength is insufficient. The twisting and rotational components of blade work and lunging add load. Extended periods in the en garde stance without adequate core support transfer the load to the spine.

Prevention: Core strengthening (planks, dead bugs, bird dogs — see the Conditioning Foundation, doc 10). Hip flexor and hamstring flexibility. Proper en garde posture — the torso should be upright, not leaning forward or arching backward. Regular breaks from the en garde position during long practice sessions.

When to stop: If lower back pain radiates down the leg, causes numbness or tingling, or is severe enough to affect daily activities, see a doctor immediately. These may indicate a disc or nerve issue that requires professional treatment.

> **COACH'S TIP:** The five best injury prevention habits for fencers: 1) Warm up properly before every session. 2) Stretch after every session. 3) Do supplemental conditioning 2–3 times per week. 4) Increase training volume gradually, never by more than 10–15% per week. 5) Listen to your body — persistent pain is a message, not a challenge.

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When to Push Through vs. When to Stop

Push Through

General muscle soreness from training (DOMS — delayed onset muscle soreness). This is normal and expected, especially after increasing training volume. It feels like general achiness in the muscles used, peaks 24–48 hours after the session, and resolves within 3–4 days. Light activity and stretching help.

Minor stiffness at the start of practice that resolves completely during warm-up. If you feel tight in the first 5 minutes but the stiffness disappears after your dynamic stretching, you're fine to train fully.

Small blisters that are covered and don't alter your movement. A blister on the heel that's covered with moleskin is uncomfortable but not a reason to miss practice.

Modify Training

Persistent muscle tightness that doesn't fully resolve with warm-up. Train at reduced intensity and focus on the affected area with extra stretching and foam rolling.

Mild joint pain (knee, ankle, hip) that is present during practice but not severe. Reduce lunging volume, avoid explosive movements, and see if it improves over 3–5 days with modified training and extra stretching.

General fatigue or mental burnout. Reduce volume and intensity for the week. Take a day off. This is not weakness — it's recovery.

Stop and Seek Help

Sharp, sudden pain during any movement. Stop immediately. This may indicate a muscle tear, ligament injury, or other acute problem.

Pain that gets worse during practice despite warming up. Pushing through worsening pain extends the injury and the recovery time.

Pain that affects your daily activities (walking, sleeping, sitting). If fencing pain follows you off the strip, it needs professional attention.

Any swelling, bruising, or deformity that appears after training. These are signs of tissue damage that needs evaluation.

Pain that persists for more than 2 weeks despite rest and stretching. Chronic pain that isn't responding to basic self-care needs a professional diagnosis.

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Final Coach's Note

> *The fencers who have the longest, most successful careers are not the ones who never get injured. They're the ones who take prevention seriously, listen to their bodies, and get injuries treated before they become serious. A week off for a sore Achilles is nothing compared to a season lost to a ruptured one.*
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> *Invest in the boring stuff: the warm-up, the cool-down, the stretching, the conditioning, the rest. These are not distractions from fencing — they are the infrastructure that makes fencing possible year after year.*
>
> *Take care of your body. It's the only machine that can deliver your blade to the target.*
>
> *— Coach Derek*